

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

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INDIAN HEALTH SERVICE CIRCULAR NO. 89-3

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Reimbursement Rates, for Patient Care Provided at  
Indian Health Service Facilities

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1. PURPOSE. The purpose of this circular is to establish Indian Health Service (IHS) policy on payment of hospital and clinic reimbursement rates for health care services provided by IHS personnel at IHS hospital, health center, and health clinic facilities.
2. BACKGROUND. The Snyder Act of November 2, 1921, (25 U.S.C. U] provides authority for the IHS to expend monies for the conservation of the health of Indians. The mission of the IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of IHS is to raise the health level of the Indian and Alaska Native people to the highest possible level. The IHS is further allowed to treat patients on an emergency and non-emergency basis who are within the scope of the IHS programs pursuant to regulation or statute I31 P.S.C. 15351; 142 U.S.C. 249(b) [48 U.S.C. 491; (42 CFR 32.1111; 142 CPR 361; [80 Stat. 600); ~P.L. loo-ri3i.
3. POLICY.
  - A. It is the policy of the Indian Health Service to charge patients who are not within the scope of the program for health services provided by IHS personnel at IHS facilities [42 CFR 32.1111.
  - B. It is the policy of the Indian Health Service to charge Medicare and Medicaid for services provided to beneficiaries of the IHS program who are enrolled in Medicare and Medicaid. See Social Security Act Section 1911 (42 USC 1396j], Section 1880 [42 USC 1395gg].

Furthermore, it is the policy of the IHS to ' annually' review all established revised or current rates and publish these in an IHS circular' or the Federal Register (whichever mechanism is appropriate for the particular sate schedule) after the close of a fiscal year, if there are no statutory bars to increasing rates in any fiscal year.

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4. R A T E S

- A. The current Medicare and medicaid reimbursement rates for inpatient, outpatient, and physician services provided at IHS facilities in Alaska and all other States appear in the Federal Register as follows:

	<u>Alaska</u>	<u>All other States</u>
1. Inpatient	\$421	\$347
2. Outpatient	112	66
3. x Physician	22	20

- B. The current rates for non-beneficiary inpatient and outpatient care provided at IHS facilities in Alaska and all other States are as follows:

Hospitalization (Inpatient) Services

	<u>Alaska</u>	<u>All other States</u>
1. Inpatient Services	\$429 .	\$397
2. Inpatient Physician/ Consultation	22	20

Outpatient Services

1. Outpatient (Ambulatory)  
Physician Services

Brief	\$ 35	N/A
Intermediate	80	N/A
Comprehensive	140	N/A
2. Laboratory Fees	\$1.15 per cap work unit	N/A
3. Radiology Fees	\$50 per useable view (maximum of \$250 per study)	N/A
Pharmacy Fees	To be charged cost of drug plus \$4.50 dispensing fee.	N/A

- C. The current rates for emergency and non-emergency dental services provided to non-beneficiaries shall be the same as those established in the Veterans Administration fee schedule.

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5. DEFINITIONS . The following definitions are taken from Physicians Current Procedural Terminology, Fourth Edition, published by the American Medical Association.

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level of service supervised by a physician but not necessarily requiring his presence. It includes evaluation and treatment of a condition requiring only an abbreviated history and examination,

a review of the effectiveness of past medical management, the ordering and evaluation of appropriate diagnostic tests, the adjustment of therapeutic management, as indicated, and the discussion of findings and/or medical management.

Intermediate

A level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnosis tests and procedures and the ordering of appropriate therapeutic management; or a formal patient, family, **or** hospital staff conference regarding patient medical management and progress.

Comprehensive

A level of service providing an indepth evaluation of a patient with a new or existing problem requiring the development of complete re-evaluation of medical data. This procedure includes the recording of a chief complaint, and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

Outpatient Ambulatory Physician Services

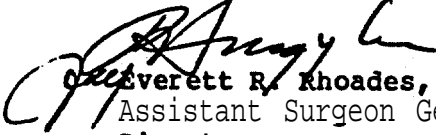
These fees are to be charged the non-eligible patient when seen by an IHS physician in the ambulatory (outpatient) clinic of an IHS facility. The fees do not include laboratory, radiology, and pharmacy charges. The fee is to be based on the medical complexity of the case as determined by the physician. See definitions of brief, intermediate, and comprehensive.

Inpatient Physician Consultation

This fee is to be charged non-eligible in-patients when they are  
Been in consultation hf an IHS Physician upon request of the  
private physician who admitted the patient.

The CAP units are those units that are defined in the latest  
edition of Laboratory Workload Recording Method published by the  
College of American Pathologists.

6. RESPONSIBILITY. The Associate Director, Office of Health Programs, Indian  
Health Service, will review and publish rates annually after the close of  
each fiscal year.

  
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